

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 588289

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/			
2		/		/		
3		/		/		
4		3		/		
5		3		/		
6		①		3		
7		①		3		
8		①		3		
9	/		/			
10	/		/			
11	/		/			
12	2		2			
13	①		3			
14	①		3			
15	①		3			
16	①		3			
17	①		3			
18	①		3			
19	①		3			
20	①		3			
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TOTAL IND.			3			
TOTAL DEP.			40			
TOTAL CLAIMS			43			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						